

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000037101

1. Entity Name

DAVENPORT HAIR STUDIO & DAY SPA, INC.

Principal Place of Business

203 DARLINGTON LOOP  
DAVENPORT FL 33837

Mailing Address

203 DARLINGTON LOOP  
DAVENPORT FL 33837

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3710626

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALDERAS, JACOB G  
203 DARLINGTON LOOP  
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Signature typed or printed name of registered agent and title if applicable.*

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME BALDERAS, JACOB G  
STREET ADDRESS 203 DARLINGTON LOOP  
CITY-ST-ZIP DAVENPORT FL 33837 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres  
NAME JAYRE A. BALDERAS  
STREET ADDRESS 203 Darlington Lp. Davenport  
CITY-ST-ZIP 33837 ☒ Change ☐ Addition

TITLE VP  
NAME JACOB G. BALDERAS  
STREET ADDRESS 203 Darlington Lp. Davenport  
CITY-ST-ZIP 33837 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature typed or printed name of signing officer or director*

Date

Daytime Phone #

FILED  
Apr 21, 2002 8:00 am  
Secretary of State

03-25-2002 90101 015 \*\*\*150.00

24688



DO NOT WRITE IN THIS SPACE

CR2002 (9/01)

2/26/02 863-424-6923